CLAIMS ONLY		Application Number 10/667916		Filing Date
		Applicant(s)		

* May be used for additional claims or amendments

CLAIMS	AS FILED 9-2-04		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
2							52						
3							53						
4							54						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep							Total Indep	1					
Total Depend							Total Depend	52					
Total Claims							Total Claims	53					